

**Nevada State Board of Medical Examiners  
Investigations Division  
PO Box 7238 Reno, NV 89510  
Physical Address: 1105 Terminal Way, #301 Reno, NV 89502**

**Phone: In Reno: (775) 688-2559  
Fax: (775) 688-2553  
(or if calling from any other area of Nevada,  
call the board's in-state toll-free number: (888) 890-8210)**

**COMPLAINT FORM**

**NOTE:** Please print out this Complaint Form on your printer. On the printed Complaint Form, please type or neatly print your complaint information and summary. Be as concise as possible. Make copies of any documents you have which support your allegation(s) and attach them to your completed Complaint Form. Please mail your completed Complaint Form and attachments to the above address.

**Your Name:** \_\_\_\_\_ **Gender(circle):** M / F

**Phone Number(s) (home/work/cell):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Gender(circle):** M / F

**Patient Date of Birth:** \_\_\_\_\_ **Patient Social Security Number:** \_\_\_\_\_

**Physician(s), Physician Assistant(s), Practitioner(s) of Respiratory Care named in complaint:**

**1) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone Number(s):** \_\_\_\_\_

**2) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone Number(s):** \_\_\_\_\_

**3) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone Number(s):** \_\_\_\_\_

**Date(s) of Occurrence:** \_\_\_\_\_

**Treatment Received At:** (please mark the following that apply, including name and address)

**Physician's Office:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Did you obtain a second opinion from another physician?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If "Yes": Name of Physician:** \_\_\_\_\_

**Physician Address:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**IMPORTANT: PLEASE SIGN AND DATE**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.